

VALIUM® diazepam/Roche

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Management of anxiety disorders, or short-term relief of symptoms of anxiety; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

The effectiveness of Valium in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other anti-depressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect.

Adults: Anxiety disorders, symptoms of anxiety, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

Supplied: Valium® (diazepam/Roche) Tablets, 2 mg, 5 mg and 10 mg—bottles of 100 and 500, Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available in trays of 10.



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BOOK REVIEW

Rockefeller Medicine Men. E. Richard Brown. University of California Press, Berkeley, 1979.

There is widespread dissatisfaction in the United States today over our system of health care. While the individual physician is held in high regard by his personal patients, the public is unhappy over high costs and limited access to services. The theme of this book is the relationship between corporate capitalism and American medicine. The book is organized into five chapters: (1) "Wholesale Philanthropy," from Charity to Social Transformation, (2) Scientific Medicine I—Idiology of Professional Uplift, (3) Scientific Medicine II—The Preservation of Capital, (4) Reforming Medical Education, Who Will Rule Medicine? and (5) Epilogue: A Half Century of Medicine in a Corporate Capitalist Society.

The author uses memos of leaders in the Rockefeller and Carnegie Foundations and previously unpublished private letters to establish and trace the connections between medicine and corporate capitalism. At the turn of the nineteenth century, American medicine began developing a scientific basis which gave it credibility and a position of esteem in the newly industrialized society. Physicians experienced new status and higher incomes as the total numbers were reduced. Industrial capitalists such as Andrew Carnegie and John D. Rockefeller established philanthropic foundations that contributed large sums of money to medical research, medi-

cal school reform, and hospitals. According to Dr. Brown, the capitalists/philanthropists believed supporting scientific medicine would be a good investment. He contends that physicians worked for their interests, and the corporate power structure joined with government to mold a system to benefit corporate capitalism. The end result he describes is an increasingly technological market system of medicine. This system he holds responsible for spiraling costs, and blames the nature of the system for failing to solve health care problems.

Most present day physicians have heard about but never read the Flexner Report. Brown's analysis of the Report and the Role of the General Education Board will be illuminating to the present medical generation.

Dr. Brown concludes his analysis by asserting that health care problems will not be solved until the present medical system and corporate class control are eliminated. Many readers will disagree with this and other conclusions by Brown, but all will find the book interesting. This is an easily readable and enjoyable account encompassing historical, financial, political, economical, and educational developments in the evolution of health care in America. I recommend *Rockefeller Medicine Men* to anyone interested in these aspects of health care.

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